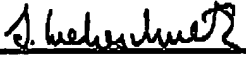


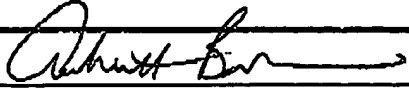
MAR 14 2005

PTO/SB/21 (09-04)

<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	Application Number	09/724,288
	Filing Date	November 28, 2000
	First Named Inventor	Schenk, Dale B.
	Art Unit	1847
	Examiner Name	Sharon L. Turner
	Attorney Docket Number	15270J-004765US
Total Number of Pages in This Submission	11	

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Amendment/Reply (10 pages)	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address	<input type="checkbox"/> Status Letter
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Other Enclosure(s) (please identify below):
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Request for Refund	
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD, Number of CD(s) _____	
<input type="checkbox"/> Reply to Missing Parts/ Incomplete Application	<input type="checkbox"/> Landscape Table on CD	
<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Townsend and Townsend and Crew LLP		
Signature			
Printed name	Joe Liebeschuetz		
Date	March 14, 2005	Reg. No.	37,505

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9306 on March 14, 2005.			
Signature			
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**PATENT**  
Attorney Docket No.: 15270J-004765US  
Client Ref. No.: 209-US-CIP8BC5

TOWNSEND and TOWNSEND and GREW LLP

By: 

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re application of:

DALE B. SCHENK et al.

Application No.: 09/724,288

Filed: November 28, 2000

For: PREVENTION AND TREATMENT  
OF AMYLOIDOGENIC DISEASE

Customer No.: 20350

Confirmation No. 9431

Examiner: Sharon L. Turner

Technology Center/Art Unit: 1647

**AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

In response to the Office Action mailed December 14, 2004, please enter the  
following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this  
paper.

Remarks/Arguments begin on page 4 of this paper.